

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528622

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8	1		1			
9		1		1		
10		2		1		
11		3		1		
12		4		1		
13		5		1		
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18		10		1		
19		11		1		
20		12		1		
21		13		1		
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27		19		1		
28		20		1		
29		21		1		
30		22		1		
31		23		1		
32		24		1		
33		25		1		
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35		27		1		
36		28		1		
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42		34		1		
43		35		1		
44		36		1		
45		37		1		
46		38		1		
47		39		1		
48		40		1		
49		41		1		
50		42		1		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	9	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						